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MEETING ABSTRACT Open Access

Guillain-Barre syndrome and mood disorders

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Background

Guillain-Barre syndrome (GBS) is an acute, autoimmune polyradiculoneuropathy affecting the peripheral nervous system, usually triggered by an acute infectious process. It is included in the wider group of peripheral neuropathies. There are several types of GBS, but unless otherwise stated, GBS refers to the most common form, acute inflammatory demyelinating polyneuropathy (AIDP). Clinical hallmarks of this syndrome include symmetric progressive flaccid muscle paresis, areflexia, ataxia, dysautonomia, and respiratory insufficiency in the presence of an increased cerebrospinal fluid protein content, as well as electromyography studies demonstrating evolving demyelination.

Materials and methods

We report a 20 years old female that after the permanence in the ICU presented to us with a depressed mood. In the progress of the ill from the state of anxiety (especially evident at the initial phase of the disease during the dissemination and maximum intensity of paralysis) she went to a clear presentation of depressive symptoms during the phase of remission. After few days in the neurology clinic she met the criteria of a major depressive episode that was treated with mirtazapine 15 mg daily.

Results

There were mental status changes in 31 % of GBS patients and in 16% of controls [1]. Vivid dreams (19%), illusions (30%), hallucinations (60%, mainly visual) and delusions (70%, mostly paranoid) were included. They appeared a median 9 days after disease onset (range 1-40 days, during the progression or the plateau of the disease), and last a median 8 days. Seven (16%) patients experienced the symptoms before their admission to the ICU. Hallucinations were frequently hypnagogic, occurring as soon as the patients closed their eyes. In an older publication [2] anxiety (82%), acute stress disorder, depressive episodes (67%) and brief reactive psychosis (25%) were observed.

Conclusions

In GBS not only severe psychosis may occur, which may go unrecognised due to the severity of the neurological motor deficits, but also fatigue and depressive episodes as major restrictions of quality of life after the acute phase of GBS. Those are probably the major debilitating factors in chronic inflammatory neuropathies. Symptomatic treatment remains largely empirical and more studies are necessary.

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